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CONFIRMATION NO. 8540

<b>SERIAL NUMBER</b> 10/613,076	<b>FILING OR 371(c) DATE</b> 07/07/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> PZ034P1C2
<b>APPLICANTS</b> Steven M. Ruben, Brookeville, MD; Craig A. Rosen, Laytonsville, MD; Kimberly A. Florence, Rockville, MD;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/948,820 09/10/2001 ABN which is a CON of 09/565,391 05/05/2000 ABN which is a CIP of PCT/US99/26409 11/09/1999 which claims benefit of 60/108,207 11/12/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/04/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 24
Examiner's Signature <i>[Signature]</i> Initials <i>ID</i>		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 22195				
<b>TITLE</b> Antibodies To HFXHC41 Polypeptide				
<b>FILING FEE RECEIVED</b> 906	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	